

SCHOOL/GROUP LIST Communication Arts

District Name:		County/District Code	-
School Name:		School Code	
	Contact Person:		
	Email Address:		
	Phone Number:		

GENERAL INSTRUCTIONS: Do not list more than one school's testing groups on this form. If you need additional space, this form may be photocopied.

The School/Group list is CTB's way of double-checking that we have received all your groups of answer documents. Every Group Information Sheet (GIS) completed for Communication Arts should have an entry on the lines below.

NOTE: The test material you have received is secure. You must account for 100% return of the test books to CTB when testing is complete. Please write the number of unused test books in the 'Number of Unused Test Books' column below.

Please refer to the instructions in the Examiner's Manual referencing the return of SECURE MATERIALS.

CTB Use	Teacher or Group Name Please spell teacher's name or group name exactly as bubbled on the Group Information Sheet.	Grade 3, 4, 5, 6, 7, 8, or 11	Number of Students	CTB Use Did Not Receive	Number of Unused Test Books

Organization Number: M002007 Testing Program: 001 SO Number: 60801

Organization Name: **MISSOURI SPRING** Element Name:

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SCHOOL/GROUP LIST Science

District Name:		County/District Code: -
School Name:		School Code:
	Contact Person:	
	Email Address:	
	Phone Number:	

GENERAL INSTRUCTIONS: Do not list more than one school's testing groups on this form. If you need additional space, this form may be photocopied.

The School/Group list is CTB's way of double-checking that we have received all your groups of answer documents. Every Group Information Sheet (GIS) completed for Science should have an entry on the lines below.

NOTE: The test material you have received is secure. You must account for 100% return of the test books to CTB when testing is complete. Please write the number of unused test books in the 'Number of Unused Test Books' column below.

Please refer to the instructions in the Examiner's Manual referencing the return of SECURE MATERIALS.

CTB Use	Teacher or Group Name Please spell teacher's name or group name exactly as bubbled on the Group Information Sheet.	Grade 3, 7, or 10	Number of Students	CTB Use Did Not Receive	Number of Unused Test Books

Organization Number: M002007 Testing Program: 002 SO Number: 60802

Organization Name: MISSOURI SPRING Element Name:



SCHOOL/GROUP LIST Mathematics

District Name:		County/District Code	-
School Name:		School Code	Ž.
	Contact Person:		
	Email Address:		
	Phone Number:		

GENERAL INSTRUCTIONS: Do not list more than one school's testing groups on this form. If you need additional space, this form may be photocopied.

The School/Group list is CTB's way of double-checking that we have received all your groups of answer documents. Every Group Information Sheet (GIS) completed for Mathematics should have an entry on the lines below.

NOTE: The test material you have received is secure. You must account for 100% return of the test books to CTB when testing is complete. Please write the number of unused test books in the 'Number of Unused Test Books' column below.

Please refer to the instructions in the Examiner's Manual referencing the return of SECURE MATERIALS.

CTB Use	Teacher or Group Name Please spell teacher's name or group name exactly as bubbled on the Group Information Sheet.	Grade 3, 4, 5, 6, 7, 8, or 10	Number of Students	CTB Use Did Not Receive	Number of Unused Test Books

Organization Number: M002007 Testing Program: 003 SO Number: 60803

Organization Name: MISSOURI SPRING Element Name:



SCHOOL/GROUP LIST Social Studies

District Name:		Cou	nty/District Code:	-
School Name:			School Code:	
	Contact Person:			
	Email Address:			
	Phone Number:			

GENERAL INSTRUCTIONS: Do not list more than one school's testing groups on this form. If you need additional space, this form may be photocopied.

The School/Group list is CTB's way of double-checking that we have received all your groups of answer documents. Every Group Information Sheet (GIS) completed for Social Studies should have an entry on the lines below.

NOTE: The test material you have received is secure. You must account for 100% return of the test books to CTB when testing is complete. Please write the number of unused test books in the 'Number of Unused Test Books' column below.

Please refer to the instructions in the Examiner's Manual referencing the return of SECURE MATERIALS.

CTB Use	Teacher or Group Name Please spell teacher's name or group name exactly as bubbled on the Group Information Sheet.	Grade 4, 8, or 11	Number of Students	CTB Use Did Not Receive	Number of Unused Test Books

Organization Number: M002007 Testing Program: 004 SO Number: 60804

Organization Name: MISSOURI SPRING Element Name: